

**TIDEWATER REGIONAL
LOCAL HUMAN RIGHTS COMMITTEE
January 24, 2012 – 8:30 a.m.
MINUTES**

Members Present

Delinda Patterson-Swanston, LHRC Vice Chairperson
James A. Overton, LHRC Chairperson
Janet Martin, LHRC Member

Others Present

Dana Gillentine, Risk Manager, Kempsville Center for Behavioral Health
Fran Neaves, Director of Performance Improvement and Risk Manager, VBPC
Jacqueline Abbott, Risk Manager, Harbor Point and Brighton Behavioral Health Center
Jennifer James, Director of Nursing
Kathy Gualtney, Day Treatment Supervisor
Kenya Ratliff, Day Treatment Supervisor
Marie Henrich, Administrative Assistant, Harbor Point Behavioral Health Center
Nerissa Rhodes, Human Rights Advocate
Paula Harr, Director of QMS, First Home Care
Reginald T. Daye, Regional Advocate, DBHDS
Stacy Seitz, Risk Analyst, Kempsville Center for Behavioral Health
Lisa Sedjat, First Home Care

Members Absent

Brian Montella, LHRC Member
Felicia Sawyer, LHRC Member

Others Absent

Kawanna Ward, Virginia Clinical Director of Mental Health, First Home Care
Kenya Ratliff, Day Treatment Supervisor, First Home Care (correction: absent at 12-13-11 and 1-24-12 meeting).
Kerry Knott, CEO, Harbor Point Behavioral Health Center
Matt Ours, Chief Executive Officer, Kempsville Center for Behavioral Health

I. CALL TO ORDER

The Local Human Rights Committee meeting was called to order at 8:35 a.m. by James A. Overton, LHRC Chairperson.

II. REVIEW OF MINUTES

The minutes from the meeting held on December 13, 2011 were not approved and accepted until 9:30 a.m. when Ms. Patterson-Swanston arrived. Upon her arrival the committee was able to have a quorum. Ms. Martin made a motion to approve the December 13, 2011 minutes. Ms. Patterson-Swanston seconded the motion and all members present voted to accept.

III. PUBLIC COMMENTS:

There was no one from the general public who wish to speak.

IV. UNFINISHED BUSINESS

There was no unfinished business to report.

V. NEW BUSINESS:

Mr. Daye introduced a new staff member at the Office of Human Rights, Nerissa Rhodes, Human Rights Advocate.

Affiliation for Center Based Day Support – Paula Harr stated she spoke with Barry Lee, Licensing Specialist, and First Home Care is licensed as Day Support; there is no designation between center-based and non-center based. Ms. Harr stated they currently have a license and affiliation for day support. Ms. Harr stated that Mr. Lee indicated this would carry over for non-center based. Mr. Daye recommended that Ms. Harr obtain clarification from Chanda Braggs, Office of Licensing. Mr. Daye stated that if what Mr. Lee informed Ms. Harr is accurate then Ms. Harr would only have to submit a letter indicating First Home Care’s center-based support would fall under their existing Human Rights affiliation. This letter would need to be sent to all committee members including Mr. Daye and the current licensing specialist. Ms. Harr can present this at the next committee meeting for informational purpose. If it is not covered, then Ms. Harr will require a letter from Margaret Walsh accepting the policies verification form for non-center based.

Medication Error Monitoring (policy) – Dana Gillentine presented the Medication Error Monitoring Policy as requested in the last committee meeting. Ms. Martin had a question regarding the “staging”. She asked whether or not the accumulation of points would be through rolling 90 days or quarter specific. Ms. Gillentine was unable to answer this question and recommended Jennifer James, Director of Nursing, address this question. While waiting for Ms. James to arrive, Mr. Daye expressed his concern regarding the number of medication errors and it becoming systemic.

Ms. James arrived and briefly went over the medication error policy stating that it explains the different types of medication errors. Mr. Daye informed Ms. James that in the last committee meeting, the members had questions regarding the point system and if the current system in place was effective then why do the same medication errors continue to occur? Ms. James stated that when she began working as Director of Nursing at Harbor Point back in April 2011 she learned that the nursing department was using a point system to track medication errors. Ms. James stated a point system used to track medication errors is not a healthy system to use for a nurse. The point system is no longer utilized and Ms. James stated that the increase in medication errors is due to the nurses feeling more comfortable reporting the error. Ms. James stated that the policy has been revised and will go through policy and procedure committee for final approval. Ms. James has informed VA reviewers that the nursing department is not using the policy and is currently in place. Ms. James stated the policy will be in effect 2-1-12 and would send a draft to Mr. Daye and the committee members. Ms. Martin’s question regarding the “staging” was no longer necessary since the point system is not being utilized.

VI. STANDING REPORTS

- A. General Information – Mr. Daye reminded committee members that we are now in the first quarter 2012 (for purposes of reporting). First quarter reports (Jan 1-March 31) will be due at the next meeting scheduled for May 1, 2012. The Cooperative Agreement states these reports are due to committee members two weeks prior to the meeting.
- B. Quarterly/Annual Reports – Brighton Behavioral Health Center, Harbor Point Behavioral Health Center, First Home Care and Virginia Beach Psychiatric Center.

BRIGHTON BEHAVIORAL HEALTH CENTER (Semi-Annual 3rd and 4th quarter July-December 2011):

Status of Allegation of Abuse and Neglect:

Number of Abuse Allegation cases: 52

Cases Pending: 0

Cases Closed: 52

Total Counts Alleged by Type:

Physical: Sexual:
Verbal: Neglect: 6
Neglect (Peer to Peer): 26
Exploitation:
Other: 20 Restraint:

Total Counts Occurred by Type:

Physical: Sexual:
Verbal: Neglect: 6
Neglect (Peer to Peer): 26
Exploitation:
Other: 20 Restraint:

Status of Complaint Cases:

Total of Complaint Cases: 0

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 0

Compliant Category Totals:

Assurance of Rights: 0

Dignity: 0

Services: 0

Participation in Decision Making: 0

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Compliant and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 0

Number of complaints resolved in the Formal Process: 0

Below Director: 0

Director: 0

Commissioner: 0

LHRC: 0

SHRC: 0

BRIGHTON BEHAVIORAL HEALTH CENTER (4th Quarter 2011):

Status of Allegation of Abuse and Neglect:

Number of Abuse Allegation cases: 25

Cases Pending: 0

Cases Closed: 25

Total Counts Alleged by Type:

Physical: 0 Sexual: 0

Verbal: 0 Neglect: 6

Neglect (Peer to Peer): 15

Exploitation: 0

Other: 4 Restraint: 0

Total Counts Occurred by Type:

Physical: 0 Sexual: 0

Verbal: 0 Neglect: 6

Neglect (Peer to Peer): 15

Exploitation: 0

Other: 4 Restraint: 0

Provide details, by date of occurrence, of all cases. Include any required Corrective Action.

Please see attached report.

Status of Complaint Cases:

Total of Complaint Cases: 0

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 0

Compliant Category Totals:

Assurance of Rights: 0

Dignity: 0

Services: 0

Participation in Decision Making: 0

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Compliant and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 0

Number of complaints resolved in the Formal Process:

Below Director: 0

Director: 0

Commissioner: 0

LHRC: 0

SHRC: 0

Provide details, by date of occurrence, of all cases that resulted in the following:

- a violation
- a request for fact-finding (LHRC hearing)
- a Corrective Action Plan

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

All allegations of abuse and neglect are reported to the Office of Human Rights within the required timeframes stated in the regulations. All staff are trained on policies and procedures involving reporting of allegations of harm, abuse, or neglect during New Employee Orientation, annually, and any other time deemed necessary. Staff are required to report all allegations of harm, abuse, or neglect immediately and also complete an incident report regarding the allegation. All allegations are then reported to Human Rights, Licensing, Child Protective Services, and the individual's authorized representative by the Risk Manager within 24 hours of the initial report. An internal investigation is immediately conducted by the Risk Manager involving collection of statements, review of video footage and review of employee files. The staff member allegedly involved is immediately suspended pending the outcome of the investigation. A final report is submitted to the Office of Human Rights within 10 working days stating the outcome of the investigation and all actions taken as a result of the outcome.

If the individual affected by the alleged abuse, neglect, or exploitation or his authorized representative is not satisfied with the outcome or actions, he or his authorized representative, or anyone acting on his behalf, may appeal the decision.

Provide information about any changes to your DBHDS licensing status including citations, service additions, and closures.

There were no changes to Brighton's DBHDS licensing status during the 4th quarter.

Provide information about any new or amended policies, procedures, or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions, and time-outs.

Brighton continues to utilize the Matrix (Behavioral Management System) which was approved by the State Human Rights Committee during the 3rd quarter. An annual report on the use of the Matrix is due to the State in September 2012. A quarterly report will be provided to the LHRC.

The variance for Structured Living Protocol (SLP) remains current. SLP was not used during the 4th quarter. An annual report on the use of SLP was provided to the State in January 2012.

Please list the actions you have taken to meet the provider's requirements under section 12 VAC35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

Jacqueline Abbott took over as LHRC representative for Harbor Point BHC and Brighton BHC during the 4th quarter.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out:

During the 4th quarter, Brighton had a total of 27 restraints and 1 seclusion. As per policy, Patient Care Monitoring Conferences were held for any residents who required a certain number of interventions within a specific time period. The campus continued its restraint and seclusion reduction incentive program during the fourth quarter. Units that went without restraints and seclusions were able to participate in unit-based rewards such as ice cream socials, pizza parties, and movie nights. The incentive program works to reward residents and staff for positive behaviors and promoting a hands-free environment.

HARBOR POINT BEHAVIORAL HEALTH CENTER (Semi-Annual 3rd and 4th quarter July-December 2011):

Status of Allegation of Abuse and Neglect:

Number of Abuse Allegation cases: 22

Cases Pending: 0

Cases Closed: 22

Total Counts Alleged by Type:

Physical: 2 Sexual:

Verbal: Neglect: 3

Neglect (Peer to Peer): 10

Exploitation:

Other: 7 Restraint:

Total Counts Occurred by Type:

Physical: 2 Sexual:

Verbal: Neglect: 3

Neglect (Peer to Peer): 10

Exploitation:

Other: 7 Restraint:

Status of Complaint Cases:

Total of Complaint Cases: 5

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 5

Compliant Category Totals:

Assurance of Rights: 0

Dignity: 3

Services: 1

Participation in Decision Making: 1

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Compliant and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 5

Number of complaints resolved in the Formal Process: 0

Below Director: 0

Director: 5

Commissioner: 0

LHRC: 0

SHRC: 0

HARBOR POINT BEHAVIORAL HEALTH CENTER (4th Quarter 2011):

Status of Allegation of Abuse and Neglect:

Number of Abuse Allegation cases: 13

Cases Pending: 0

Cases Closed: 13

Total Counts Alleged by Type:

Physical: 1 Sexual: 0

Verbal: 0 Neglect: 2

Neglect (Peer to Peer): 4

Exploitation: 0

Other: 6 Restraint: 0

Total Counts Occurred by Type:

Physical: 1 Sexual: 0

Verbal: 0 Neglect: 2

Neglect (Peer to Peer): 4

Exploitation: 0

Other: 6 Restraint: 0

Provide details, by date of occurrence, of all cases. Include any required Corrective Action.

Please see attached report.

Status of Complaint Cases:

Total of Complaint Cases: 4

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 4

Compliant Category Totals:

Assurance of Rights: 0

Dignity: 2

Services: 1

Participation in Decision Making: 1

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Compliant and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 4

Number of complaints resolved in the Formal Process:

Below Director: 0

Director: 4

Commissioner: 0

LHRC: 0

SHRC: 0

Provide details, by date of occurrence, of all cases that resulted in the following:

- a violation
- a request for fact-finding (LHRC hearing)
- a Corrective Action Plan

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

All allegations of abuse and neglect are reported to the Office of Human Rights within the required timeframes stated in the regulations.

Staff are trained on policies and procedures involving reporting of allegations of harm, abuse, or neglect during New Employee Orientation, annually, and any other time deemed necessary. Staff are required to report all allegations of harm, abuse, or neglect immediately and also complete an incident report regarding the allegation. All allegations are then reported to Human Rights, Licensing, Child Protective Services, and the individual's authorized representative by the Risk Manager within 24 hours of the initial report. An internal investigation is immediately conducted by the Risk Manager involving collection of statements, review of video footage and review of employee files. The staff member allegedly involved is immediately suspended pending the outcome of the investigation. A final report is submitted to the Office of Human Rights within 10 working days stating the outcome of the investigation and all actions taken as a result of the outcome.

If the individual affected by the alleged abuse, neglect, or exploitation or his authorized representative is not satisfied with the outcome or actions, he or his authorized representative, or anyone acting on his behalf, may appeal the decision.

Provide information about any changes to your DBHDS licensing status including citations, service additions, and closures.

DBHDS conducted an annual licensure survey in October 2011 and issued a full license on November 1, 2011.

Harbor Point Behavioral Health Center submitted application to provide information about any new or amended policies, procedures, or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions, and time-outs.

Harbor Point continues to utilize the Matrix (Behavioral Management System) which was approved by the State Human Rights Committee during the 3rd quarter. An annual report on the use of the Matrix is due to the State in September 2012. A quarterly report will be provided to the LHRC.

The variance for Structured Living Protocol (SLP) remains current. SLP was not used during the 4th quarter. An annual report on the use of SLP was provided to the State in January 2012.

The variance for Structured Living Protocol (SLP) remains current. SLP was used once during the 4th quarter.

Please list the actions you have taken to meet the provider's requirements under section 12 VAC35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

Jacqueline Abbott took over as LHRC representative for Harbor Point BHC and Brighton BHC during the 4th quarter.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out:

During the 4th quarter, Harbor Point had a total of 48 restraints and zero seclusion. Approximately ____ % of the restraints were used on 1 resident in the Cooperative Living Program. As per policy, Patient Care Monitoring Conferences were held for any residents who required a certain number of interventions within a specific time period. The campus continued its restraint and seclusion reduction incentive program during the fourth quarter. Units that went without restraints and seclusions were able to participate in unit-based rewards such as ice cream socials, pizza parties, and movie nights. The incentive program works to reward residents and staff for positive behaviors and promoting a hands-free environment.

KEMPSVILLE CENTER FOR BEHAVIORAL HEALTH (4th Quarter 2011):

Status of Allegation of Abuse and Neglect:

Number of Abuse Allegation cases: 73

Cases Pending: 0

Cases Closed: 73

Total Counts Alleged by Type:

Physical: 1	Sexual: 0
Verbal: 3	Neglect: 21
Neglect (Peer to Peer) 47	
Exploitation: 0	
Other: 0	Restraint: 0

Total Counts Occurred by Type:

Physical: 1	Sexual: 0
Verbal: 1	Neglect: 0
Neglect (Peer to Peer): 0	
Exploitation: 0	
Other: 0	Restraint: 0

Provide details, by date of occurrence, of all cases. Include any required Corrective Action.

Please see attached report.

Status of Complaint Cases:

Total of Complaint Cases: 0

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 0

Compliant Category Totals:

Assurance of Rights: 0

Dignity: 0

Services: 0

Participation in Decision Making: 0

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Compliant and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 0

Number of complaints resolved in the Formal Process: 0

Below Director:

Director:

Commissioner:

LHRC:

SHRC:

Provide details, by date of occurrence, of all cases that resulted in the following:

- a violation
- a request for fact-finding (LHRC hearing)
- a Corrective Action Plan

There are none to report for this quarter.

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

Staff are trained on policies and procedures involving reporting of allegations of harm, abuse, or neglect during New Employee Orientation, annually, and any other time deemed necessary. Staff are required to report all allegations of harm, abuse, or neglect immediately and also complete an incident report regarding the allegation. All allegations are then reported to Human Rights, Licensing, Child Protective Services, and the individual's authorized representative by the Risk Manager within 24 hours of the initial report. An internal investigation is immediately conducted by the Risk Manager involving collection of statements, review of video footage and review of employee files. The staff member allegedly involved is immediately suspended pending the outcome of the investigation. A final report is submitted to the Office of Human Rights within 10 working days stating the outcome of the investigation and all actions taken as a result of the outcome.

If the individual affected by the alleged abuse, neglect, or exploitation or his authorized representative is not satisfied with the outcome or actions, he or his authorized representative, or anyone acting on his behalf, may appeal the decision.

Provide information about any changes to your DBHDS licensing status including citations, service additions, and closures.

On November 1, 2011 a full license was received through January 31, 2011.

Provide information about any new or amended policies, procedures, or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions, and time-outs.

There were no amended policies, procedures, or program rules during this quarter.

Please list the actions you have taken to meet the provider's requirements under section

12 VAC35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

No action has been taken during this quarter. Recruitment options will be explored for next quarter.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out:

There were no changes during this quarter.

VIRGINIA BEACH PSYCHIATRIC CENTER (Semi-Annual 3rd and 4th quarter July-December 2011):

Status of Allegation of Abuse and Neglect

Number of Abuse Allegation cases: 10

Cases Pending:

Cases Closed: 10

Total Counts Alleged by Type:

Physical: 10

Sexual:

Verbal:

Neglect:

Neglect (Peer to Peer):

Exploitation:

Other:

Restraint:

Total Counts Occurred by Type:

Physical:

Sexual:

Verbal:

Neglect:

Neglect (Peer to Peer):

Exploitation:

Other:

Restraint:

Status of Complaint Cases:

Total of Complaint Cases: 5

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 5

Compliant Category Totals:

Assurance of Rights:

Dignity: 1

Services: 3

Participation in Decision Making: 1

Confidentiality:

Access to, and Amendment of Services record:

Restrictions on Freedoms of Everyday Life:

Use of Seclusion Restraint and Time Out:

Work:

Research:

Compliant and Fair Hearing:

Determination of Capacity to give consent:

Authorized Representatives:

Complaint Resolution:

Reporting Requirements:

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 4

Number of complaints resolved in the Formal Process: 1

Below Director: 0

Director: 0

Commissioner: 0

LHRC: 0

SHRC: 0

VIRGINIA BEACH PSYCHIATRIC CENTER (4TH Quarter 2011):

Status of Allegation of Abuse and Neglect:

Number of Abuse Allegation cases: 4

Cases Pending: 0

Cases Closed: 4

Total Counts Alleged by Type:

Physical: 4 Sexual: 0

Verbal: 0 Neglect: 0

Neglect (Peer to Peer): 0

Exploitation: 0

Other: 0 Restraint: 0

Total Counts Occurred by Type:

Physical: 0 Sexual: 0

Verbal: 0 Neglect: 0

Neglect (Peer to Peer): 0

Exploitation: 0

Other: 0 Restraint: 0

Provide details, by date of occurrence, of all cases. Include any required Corrective Action.

SEE ATTACHED DETAIL REPORT

Status of Complaint Cases

Total of Complaint Cases: 3

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 3

Compliant Category Totals:

Assurance of Rights: 0

Dignity: 0

Services: 2

Participation in Decision Making: 1

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Compliant and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 2

Number of complaints resolved in the Formal Process: 1

Below Director: 0

Director: 0

Commissioner: 0

LHRC: 0

SHRC: 0

Provide details, by date of occurrence, of all cases that resulted in the following:

- a violation
- a request for fact-finding (LHRC hearing)
- a Corrective Action Plan

There are no cases to report at this time.

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

Requirements for reporting allegations of patient abuse and/or neglect are reviewed in new employee orientation and during annual review.

Provide information about any changes to your DBHDS licensing status including citations, service additions, and closures.

There have been no changes to our DBHDS licensing status during the 3rd Quarter 2011.

Provide information about any new or amended policies, procedures, or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions, and time-outs.

There were no new or amended policies, procedures, or program changes that could potentially impact the human rights of individuals receiving services.

Please list the actions you have taken to meet the provider's requirements under section 12 VAC35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

Virginia Beach Psychiatric Center has established a liaison, Ms. Fran Neaves, to attend the Tidewater Regional LHRC and reports on all hospital activity related to human rights. Ms. Neaves monitors human rights compliance with the hospital and ensures the patients served are informed of and have access to information regarding their human rights.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out:

There are no changes during the quarter.

FIRST HOME CARE (Semi-Annual 3rd and 4th quarter July-December 2011):

Status of Allegation of Abuse and Neglect:

Number of Abuse Allegation cases: 59

Cases Pending: 0

Cases Closed: 59

Total Counts Alleged by Type:

Physical: 1 Sexual: 0
Verbal: 0 Neglect: 0
Neglect (Peer to Peer): 58
Exploitation: 0
Other: 0 Restraint: 75

Total Counts Occurred by Type:

Physical: 0 Sexual: 0
Verbal: 0 Neglect: 0
Neglect (Peer to Peer): 0
Exploitation: 0
Other: 0 Restraint: 75

Status of Complaint Cases:

Total of Complaint Cases: 0

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 0

Compliant Category Totals:

Assurance of Rights: 0

Dignity: 0

Services: 0

Participation in Decision Making: 0

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Compliant and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: N/A

Number of complaints resolved in the Formal Process: N/A

Below Director: N/A

Director: N/A

Commissioner: N/A

LHRC: N/A

SHRC: N/A

FIRST HOME CARE (4TH Quarter 2011):

Status of Allegation of Abuse and Neglect

Number of Abuse Allegation cases: 7

Cases Pending: 0

Cases Closed: 7

Total Counts Alleged by Type:

Physical: 0 Sexual: 0

Verbal: 0 Neglect: 0

Neglect (Peer to Peer): 7

Exploitation: 0

Total Counts Occurred by Type:

Physical: 0 Sexual: 0

Verbal: 0 Neglect: 0

Neglect (Peer to Peer): 0

Exploitation: 0

Other: 0

Restraint: 37

Other: 0

Restraint: 37

Provide details, by date of occurrence, of all cases. Include any required Corrective Action.

*****See Attached Reports**

Status of Complaint Cases:

Total of Complaint Cases: 0

Number of cases resulting in a violation: 0

Cases Pending: 0

Cases Closed: 0

Complaint Category Totals:

Assurance of Rights: 0

Dignity: 0

Services: 0

Participation in Decision Making: 0

Confidentiality: 0

Access to, and Amendment of Services record: 0

Restrictions on Freedoms of Everyday Life: 0

Use of Seclusion Restraint and Time Out: 0

Work: 0

Research: 0

Complaint and Fair Hearing: 0

Determination of Capacity to give consent: 0

Authorized Representatives: 0

Complaint Resolution: 0

Reporting Requirements: 0

Complaint Resolution Level:

Number of complaints resolved in the Informal Process: 0

Number of complaints resolved in the Formal Process: 0

Below Director: N/A

Director: N/A

Commissioner: N/A

LHRC: N/A

SHRC: N/A

Provide details, by date of occurrence, of all cases that resulted in the following:

- a violation – N/A
- a request for fact-finding (LHRC hearing)-N/A
- a Corrective Action Plan-N/A

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

First Home Care follows our submitted Risk Management Policy and Procedures. All allegations are required to be reported within 24 hours with a written summary detailing the allegations of the incident. Allegations are investigated by the Supervisor of the Program with the Internal Investigation Report submitted to the Director of QMS for review and follow-up. A final report is submitted to the Office of Human Rights within 10 working days stating the outcome of the investigation and all actions taken as a result of the outcome.

Provide information about any changes to your DBHDS licensing status including citations, service additions, and closures.

During this reporting period, there have been no changes in First Home Care's licensing status or closure of any programs.

Provide information about any new or amended policies, procedures, or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions, and time-outs.

There have been no new or amended policies, procedures or program changes during this reporting period.

Please list the actions you have taken to meet the provider's requirements under section

12 VAC35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

First Home Care has established two liaisons, Kawanna Ward, LCSW, CSAC, CSOTP and Paula Harr, R.N. to attend the LHRC meetings and report on all First Home Care activity related to Human Rights. At the present time, there are no vacancies on the Tidewater Regional Committee requiring recruiting efforts.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out: - N/A

ALLEGATIONS REPORTS – CLOSED SESSION

Motion: Ms. Martin made a motion that the committee go into Executive Session, pursuant to Virginia code 2-2-3711A (4) for the protection of the privacy of individuals in personal matters not related to public business, namely to review patient information from First Home Care, Brighton Behavioral Health Center, Harbor Point Behavioral Health Center, Kempsville Center for Behavioral Health, Virginia Beach Psychiatric Center, pursuant to the regulations.

Action: Second was made by Mr. Overton. All members present voted in favor of the motion.

Reconvene in Open Session: Upon reconvening in Open Session, Mr. Overton, Ms. Patterson-Swanston and Ms. Martin of the Tidewater Regional LHRC certified to the best of their knowledge that only public matters exempt from statutory open meeting requirements and only public business matters identified in the motion to convene the Executive Session, as referenced above, were discussed in accordance to Virginia Code 2-2-3711A (4).

Action:

Virginia Beach Psychiatric Center

1. Resubmit its corrected quarterly and annual reports.
2. Re: Case Mr. G, provide information to the LHRC and Mr. Daye on what the court order actually state concerning medication over objection.

Action:

Recommendation:

Brighton Behavioral Health Center, Harbor Point Behavioral Health Center, Kempsville Center for Behavioral Health

1. Submit for review their "new medication policy". The LHRC would also like someone to discuss its effectiveness, since implementation.

VII. NEXT SCHEDULED MEETING

The next regular LHRC meeting is scheduled for Tuesday, May 1, 2012 in the Executive Board Room of Harbor Point Behavioral Health Center.

VIII. ADJOURNMENT

There being no further business to discuss, _Ms. Patterson-Swanston made the motion to adjourn. Ms. Martin seconded the motion. The meeting was adjourned at 12:10 p.m.

RESPECTFULLY SUBMITTED:

Marie Henrich, Administrative Assistant
Recording Secretary

James A. Overton, LHRC Chairperson